

<b>REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>				<b>A.</b> Agency, code agency subelement and submitting office number (Example-xx-xx-xxxx)		01		<b>B. OFFICE USE ONLY</b>	
				<b>C.</b> Request status (Mark (X) one)				02	
				Initial or Resubmission				Correction or Cancellation	

  

<b>Section A -- TRAINEE INFORMATION</b>										
<b>1.</b> Applicant's name (Last-First-Middle Initial)			Enter first 5 letters of last name		03		<b>2.</b> Social Security Number		04	
									<b>3.</b> Date of birth (Year and month)	
									(Example - born January 14, 1943 shown as 43/01)	
<b>4.</b> Home Address (Number, street, city, State, ZIP code)					<b>5.</b> Home telephone			<b>6.</b> Position level (Mark (X) one only)		
					Area code      Number			<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive		
<b>7.</b> Organization mailing address (Branch-Division/Office/Bureau/Agency)					<b>8.</b> Office telephone			<b>9.</b> Continuous civilian service		
					Area code      Number      Extension			Years      Months		
								<b>10.</b> Number of prior non-government training days		
<b>11a.</b> Position title/function			<b>11b.</b> Applicant handi-capped or disabled (See instructions)		<b>12.</b> Pay plan / series / grade / step			<b>13.</b> Type of appointment		
								<b>14.</b> Education Level		

  

<b>Section B -- TRAINING COURSE DATA</b>										
<b>15a.</b> Name and mailing address of training vendor (No., street, city, State, ZIP code)					<b>15b.</b> Location of training site (if same, mark box)					
<b>16.</b> Course title and training objectives (Benefits to be derived by the Government)										
<b>17.</b> Catalog / Course No.		<b>18.</b> Training Period (6 digits)			06		<b>19.</b> No. of course hours (4 digits)		07	
		Year      Month      Day					a. During duty			
							b. Non-duty			
							a. Purpose		Code	
							b. Type		Code	
							a. Start		<b>08 c.</b> Source	
							b. Complete		<b>09 d.</b> Special interest	
							c. TOTAL		<b>10</b>	
							b. Type		<b>11</b>	

  

<b>Section C -- ESTIMATED COSTS AND BILLING INFORMATION</b>									
<b>21.</b> Direct costs and appropriation / fund chargeable									
Item		Amount		Appropriation / fund					
		Dollars	Cents						
a. Tuition		\$							
b. Books or materials									
c. Other (Specify)									
d. (Enter 4 digits in dollar column)									
<b>TOTAL</b>		\$							
<b>22.</b> Indirect costs and appropriation / fund chargeable									
Item		Amount		Appropriation / fund					
		Dollars	Cents						
a. Travel		\$							
b. Per diem									
c. Other (Specify)									
d. (Enter 4 digits in dollar column)									
<b>TOTAL</b>									
<b>23.</b> Document/Purchase Order/Requisition No.									
<b>24.</b> 8-Digit station symbol (Example--12-34-5678)									
<b>25. BILLING INSTRUCTIONS</b> (Furnish invoice to):									

  

<b>Section D -- APPROVALS</b>									
<b>26a.</b> Immediate supervisor--Name and title					Area code/Tel. No./Extension				
<b>b.</b> Signature					Date				
<b>27a.</b> Second-line supervisor--Name and title					Area code/Tel. No./Extension				
<b>b.</b> Signature					Date				
<b>28a.</b> Training officer--Name and title					Area code/Tel. No./Extension				
<b>b.</b> Signature					Date				

  

<b>Section E -- APPROVAL/CONCURRENCE</b>									
<b>29a.</b> Authorizing official--Name and title					Area code/Tel. No./Extension				
<b>b.</b> Signature					<input type="checkbox"/> Approved      Date				
					<input type="checkbox"/> Disapproved				

  

<b>Section F -- CERTIFICATION OF TRAINING COMPLETION</b>									
<b>30a.</b> Certifying official--Name and title					Area code/Tel. No./Extension				
<b>b.</b> Signature					Date				

  

<b>TRAINING FACILITY:      Bills should be sent to office indicated in item 25.      Please refer to number given in item 23 to assure prompt payment.</b>									
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										<b>3. Date of birth (Year and month)</b>	
										<i>(Example - born January 14, 1943 shown as 43/01)</i>	
<b>4. Home Address (Number, street, city, State, ZIP code)</b>				<b>5. Home telephone</b>				<b>6. Position level (Mark (X) one only)</b>			
				Area code    Number		<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive					
<b>7. Organization mailing address (Branch-Division/Office/Bureau/Agency)</b>				<b>8. Office telephone</b>				<b>9. Continuous civilian service</b>		<b>10. Number of prior non-government training days</b>	
				Area code    Number    Extension		Years    Months					
<b>11a. Position title/function</b>			<b>11b. Applicant handicapped or disabled</b> <i>(See instructions)</i>		<b>12. Pay plan / series / grade / step</b>			<b>13. Type of appointment</b>		<b>14. Education Level</b>	

  

<b>Section B -- TRAINING COURSE DATA</b>												
<b>15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)</b>						<b>15b. Location of training site (if same, mark box)</b>						
<b>16. Course title and training objectives (Benefits to be derived by the Government)</b>												
<b>17. Catalog / Course No.</b>		<b>18. Training Period (6 digits)</b>			06		<b>19. No. of course hours (4 digits)</b>		07		<b>20. Training codes (See instructions)</b>	
		Year	Month	Day	<b>a. During duty</b>				<b>a. Purpose</b>		Code	
<b>a. Start</b>					<b>b. Non-duty</b>				<b>a. Purpose</b>			<b>08 c. Source</b>
<b>b. Complete</b>					<b>c. TOTAL</b>				<b>b. Type</b>			<b>09 d. Special interest</b>
												<b>10</b>
												<b>11</b>

  

<b>Section C -- TERMINATION AND EVALUATION DATA (To be completed by Trainee)</b>											
<b>21. Course was completed</b>				<b>22. Actual course dates (Month/day/year)</b>				<b>23. Actual course hours</b>		<b>24. Academic grade/score</b>	
<b>a.</b> <input type="checkbox"/> Yes <b>b.</b> <input type="checkbox"/> No -- Return this form with a memo explaining circumstances				<b>a. Commenced</b> Month    Day    Year		<b>b. Completed</b> Month    Day    Year		<b>a. Duty</b> <b>b. Non-duty</b>			
<b>25. All sessions were attended</b>											
<b>a.</b> <input type="checkbox"/> Yes <b>b.</b> <input type="checkbox"/> No--Explain											

  

<b>AREAS OF EVALUATION</b> (Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)				Rating		
				A	B	C
<b>26. Stated objective accomplished</b>	<b>A = Yes</b>	<b>B = Partially</b>	<b>C = No</b>			
<b>27. Coverage of subject matter</b>	<b>A = Excellent</b>	<b>B = Sufficient</b>	<b>C = Poor</b>			
<b>28. Organization of subject matter</b>	<b>A = Well organized</b>	<b>B = Adequate</b>	<b>C = Poorly organized</b>			
<b>29. Suitability of instructional materials</b>	<b>A = Excellent</b>	<b>B = Adequate</b>	<b>C = Poor</b>			
<b>30. Level of difficulty</b>	<b>A = Too advanced</b>	<b>B = Appropriate</b>	<b>C = Too elementary</b>			
<b>31. Length of course</b>	<b>A = Too long</b>	<b>B = Appropriate</b>	<b>C = Too short</b>			
<b>32. Amount of outside or evening work</b>	<b>A = Too much</b>	<b>B = Appropriate</b>	<b>C = Insufficient</b>			
<b>33. Effectiveness or instructors</b>	<b>A = Excellent</b>	<b>B = Good</b>	<b>C = Poor</b>			
<b>34. Applicability of subject matter to the job</b>	<b>A = Significant</b>	<b>B = Adequate</b>	<b>C = Insignificant</b>			
<b>35. Facilities</b>	<b>A = Excellent</b>	<b>B = Good</b>	<b>C = Poor</b>			
<b>36. Recommendation to colleagues</b>	<b>A = Highly recommended</b>	<b>B = Recommend</b>	<b>C = Not recommended</b>			
<b>37. Meet career development plans</b>	<b>A = Yes</b>	<b>B = No</b>	<b>C = Not applicable</b>			

**Section C -- TERMINATION AND EVALUATION DATA (To be completed by Trainee) -- Continued**

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

**Section D -- SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)**

44. Have you discussed this course and its application to the job with this employee?

a. ☐ Yesb. ☐ No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

29. Signature of supervisor

Date

**PERSONNEL USE ONLY**

## Print Menu

The selections listed below identify the pages you may select to print. Click on appropriate check box(es) to indicate which pages you want printed and then click on the Print Button.

- ☐ **Print Finance Copy**
- ☐ **Print Local Copy**
- ☐ **Print Vendor Copy**
- ☐ **Print Personnel Copy**
- ☐ **Print Training Copy**
- ☐ **Print All Copies**